U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10 017	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name John H Hammond	Name Plumbers & Pipefitters Local 409			
	Labor Organization File Number 012 400			
P.O. 8ox, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3710 Broad St	Street 3710 Broad St			
City San Luis Obispo	City San Luis Obispo			
State California ZIP Code + 4 93401-7108	State California ZIP Code + 4 93401-7108			
5. Position in labor organization. Business Manager				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Bechtel	Dinner/July 5th or 6th 2004			
Trade Name, if any: Construction Company				
P.O. Box, Bldg., Room No., if any PO Box 193965	7.b. Amount.			
Street 50 Beale Street				
City San Francisco	\$40			
State California ZIP Code + 4 94119-3965				
Sign	ature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	That documents), has been examined by the signatory and is, to the best of the			

08/12/2004

805-543-2416

Telephone Number

Name of Person Filing John Hammond	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name P.I.P.E.	9. Business deals with: X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Labor Trustee of Joint Labor Management Cooperation Committee
Street City State Other ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$38 12.a. Nature of interest held or income received. Lunch Provided at Trust Meeting
	12.b. Amount. \$38
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing John Hammond	File Number U-
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Part B Continuation Page

8. Name and address of Business (inclu	iding trade name, if any).	9. Business deals with:	
Name National Inspection To	,	X a. Labor Organization	
Trade Name, if any: Certification	ns	b. Trust	
P.O. Box, Bldg., Room No., if any		b. Hust	
Street 501 Shatto Place #201	" †	c. Employer	
City Los Angeles			
State California	ZIP Code + 4 90020		-
10. If 9.b. or 9.c. is checked give trust or er	nployer's name.	11.a. Nature of such dealing.	
Name		Provides Training and Certification Piping Industry	n in
Trade Name, if any:	[
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		Reimbursement of Expenses at Meeti Xmas Gift \$99.81	ng \$1855.
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		12.b. Amount.	\$1,955

Name of Person Filing	John	Hammond

Part B Continuation Page

8. Name and address of Business (inclu	ding trade name, if any).	9. Business deals with:	
Name Piping Industry Progre	ess & Ed. Fund	a. Labor Organization	
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 501 Shatto Place #200		c. Employer	
City Los Angeles			
State California	ZIP Code + 4 90020		
10. If 9.b. or 9.c. is checked give trust or em	nployer's name.	11.a. Nature of such dealing.	
Name		Labor Trustee of Joint Labor Manag Committee	gement Cooperation
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	, ,		-
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		Reimbursement for expenses for Tru	st Meeting
		12.b. Amount.	\$4,309

Name of	Person	Filina	John	Hammond

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name So. Calif Pipe Trades Administrative Corp Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 501 Shatto Place 5th Floor City Los Angeles State California ZIP Code + 4 90020 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Labor Trustee of Joint Labor Manag Funds	ement ERISA Trust
Street City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$74
	12.a. Nature of interest held or income received. Lunch Provided at Trust Meeting 7/21/04 \$45.90 10/20/04 \$28.45	
	12.b. Amount.	\$74

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Adams Broadwell Joseph & Cardozo Trade Name, if any: Law Firm	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 601 Gateway Blvd Suite 1000	c. Employer	
City South San Francisco		
State California ZIP Code + 4 94080-7037		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	,
Name	Provides Legal Services to Union	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$54
	12.a. Nature of interest held or income received.	
	Xmas Gift Smoked Salmon	
	12.b. Amount.	\$54

Name of Person	Filing	Tohn	Hammond
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Paul & Henley	 ∀ a. Labor Organization	
Trade Name, if any: Law Firm	173:	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 5716 Corsa Ave Suite 203	c. Employer	
City West Lake		
State California ZIP Code + 4 91362		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Provides Legal Services to members related claims	for asbestes
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Xmas Gifts Gift Certificate \$200. Honey Baked Ham \$50.	
	12.b. Amount.	\$250